

# Animal name: Lesser kudu (*Tragelaphus imberbis*)



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We would recommend assessing any contraceptive bout with behavioural and hormone monitoring. For more information on this, please contact [contraception@chesterzoo.org](mailto:contraception@chesterzoo.org)

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Contraceptive methods	GnRH agonist (Implant)	GnRH agonist (Injection)	GnRH vaccine (Injection)	Progestogen (Implants)	Progestogen (Injection)	Progestogen (oral)	PZP vaccine	Surgical/Permanent
<b>Contraceptive Product:</b>	Deslorelin acetate	Luprolide acetate	GnRH protein conjugate	Etonogestrel 68 mg	medroxyprogesterone acetate;	Altrenogest	PZP vaccine main components are antigens derived from porcine zona pellucida glycoproteins and an adjuvant to stimulate the immune response (Freund's modified complete adjuvant for primary vaccination and Freund's incomplete adjuvant for boosters).	N/A
<b>Commercial Name:</b>	Suprelorin®	Lupron®	Improvac®	Implanon® Nexplanon®	Depo-Provera®, Depo-Progevera®	Regu-mate®	Porcine Zona Pellucida	Vasectomy
<b>Product Availability:</b>	4.7mg (Suprelorin 5) and 9.4 mg (Suprelorin 12) widely available through veterinary drug distributors in the EU.	Luprolide acetate licenced for human use	Available through veterinary drug distributors.	Manufactured by Bayer Schering Pharma AG. Available through human drug distributors	Manufactured by Pfizer. Widely available throughout Europe through human drug distributors.	Regu-mate® Equine 2.2ml/mg oral solution and Regu-mate® Porcine 0.4% w/v oral solution widely available through veterinary drug distributors.	Not commercially available in Europe. PZP is available to ship to Europe. It is advised that you check with the licensing authority that manages the import of veterinary drugs to obtain a permit to import PZP. Once all necessary authorisations and approvals have been completed, you can order PZP from: Kimberly M. Frank The Science and Conservation Center 2100 S. Shiloh Road Billings, MT 59106 phone 406-652-9718 fax 406-652-9733 e-mail <a href="mailto:scapp@hotmail.com">scapp@hotmail.com</a>	N/A
<b>Restrictions and/or permit required by Importing Country:</b>	EGZAC recommends: always check with your local licencing authority	Data deficient	Current knowledge: widely available throughout European countries. EGZAC recommends: always check with your local licencing authority	EGZAC recommends: always check with your local licencing authority	EGZAC recommends: always check with your local licencing authority	EGZA recommends: always checking with your local licencing authority	License required UK and France; all other Countries unknown. EGZAC recommends always checking with local licencing authority	N/A
<b>Mechanism of action:</b>	GnRH agonist suppress the reproductive endocrine system, preventing production of pituitary and gonadal hormones. As an agonist of the GnRH initially stimulates the reproductive system - which can result in oestrus and ovulation in females or temporary enhancement of testosterone and spermatogenesis in males - therefore additional contraception needed during this time. Please see below and refer to Deslorelin datasheet for detailed information	GnRH agonist suppress the reproductive endocrine system, preventing production of pituitary and gonadal hormones	Production of anti-GnRH antibodies by the immune system, neutralising endogenous GnRH activity. This results in a reduction of FSH and LH production by the anterior pituitary and, ultimately, in a reduction of ovarian follicular development and/or inhibition of testosterone secretion from the testes and spermatogenesis.	Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Anti-estrogenic activity. Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	The PZP antibodies interfere with fertilisation by binding to the ZP glycoprotein receptors that surround the egg of the vaccinated female, blocking the binding and subsequent penetration of sperm.	Surgical procedure in which the ductus deferens are cut, tied, cauterized, or otherwise interrupted
<b>Insertion/Placement:</b>	Sub-cutaneous, in a place where it can be easily detected or seen for removal at a later date (i.e. Upper inner arm); refer to the Suprelorin fact sheet for effective method of implant placement (tunnelisation)	Injectable	Injectable intramuscular or subcutaneously	Intramuscular or subcutaneous. EGZAC recommends sub-cutaneous, upper inner arm for visibility (aid for later removal)	Injectable intramuscular	Administered orally in feed or by syringe. <b>Gloves must be worn when administering Regu-mate® (absorption through the skin can cause disruption to the menstrual cycle and prolongation of pregnancies in humans).</b>	Injectable intramuscular	Surgical
<b>Females</b>								
<b>Dose</b>	1 implant should be used in this species. 4.7mg is recommended for a <b>minimum</b> duration of 6 months and 9.4mg is recommended for a <b>minimum</b> duration of 12 months.	There are various formulations available lasting from 3-6 months. Dosing information is not available; extrapolation from human literature is likely the best place to start. <b>Please contact EGZAC with specific dosage advice.</b>	Doses are not well established. As a guide, two injections of 400µg are given 5 weeks apart and boosters are administered every 5 months. Duration can vary between species.	Doses are not well established. As a guide, 1 implant (0.068g) is suggested for successful contraception in this species.	Doses have not been well established, but as a guide 2.5-5mg/kg BW should be administered every 45-90 days. <b>Please contact EGZAC for specific dosage advice.</b>	Doses have not been well established. As a guide, Regu-mate® Equine: 0.044mg/kg daily; Regu-mate® Porcine: 5ml daily administered orally through feed or syringe.	As a guide, 65-100 µg protein is recommended. The first injection would consist of 0.5ml PZP + 0.5ml adjuvant and the second injection should be given no less than 14 days after this. In species with longer breeding season, if the vaccine is given at a time other than prior to the breeding season the primary vaccination course should be given at day 0, day 21 and day 45; booster should be administered every 7-8 months. If a seasonal breeder with a well defined and short breeding season (2-3 months) then it is 1-2 months before the breeding season.	N/A

Latency to effectiveness:	Deslorelin will have a latency to effect of 3-4 weeks during which a stimulation of the reproductive system will occur. For this reason separation of both sexes is recommended for approximately 3-4 weeks. If you cannot separate the sexes, in order to suppress the initial stimulation phase, the first contraceptive bout must be supplemented with an oral progestogen such as megestrol acetate pills (Ovarid/Megace) or altrenogest (Regumate®) daily, 7 days before and 8 days after the implant is inserted.	3 weeks average as GnRH agonists initially stimulates the reproductive system. <b>please refer to Deslorelin datasheet for detailed information</b> - separation of the sexes OR supplemental contraception is recommended during this time (see product data sheet. Megestrol acetate pills daily 7 days before and 8 days after implant insertion have been used to suppress stimulation phase. The dose for domestic dogs is 3mg/kg, but must be extrapolated for other taxa).	Latency to effectiveness can be up to 6 weeks so separation of the sexes is recommended if possible.	In general inhibition of ovulation after 1 day when inserted on day 1-5 of cycle or when replacing oral progestogen. As the right stage during oestrus cycle is often unknown, it is advised to use other contraceptive methods for at least 7-14 days after insertion of the implant depending on administration route (1m or SC).	1-3 days post injection. However, if the cycle stage is not known then extra time must be allowed; therefore, separation of the sexes or alternative of the sexes should be used for at least 1 week. Oral progestogens such as megestrol acetate pills (Ovarid) or altrenogest (Regumate®) can be used for this purpose to supplement the contraceptive bout.	In mares, 95% treated with Regu-mate will be suppressed within 3 days however separation of the sexes should be used for 7-14 days after contraceptive methods, if this not possible then other contraception methods should be used for this time.	Latency to effectiveness is approximately 2-3 weeks after the final injection in year 1 therefore separation of the sexes from the initial injection until 2 weeks after the final injection is recommended (primary course of vaccination 2 injections 2-4 weeks apart, preferable 3 injections).	N/A
Oestrus cycles during contraceptive treatment:	Initial oestrus and ovulation (during the 3 weeks of stimulation) then down-regulation. To prevent the stimulation phase, the megestrol acetate protocol described above is recommended.	Initial oestrus and ovulation (during the 3 weeks of stimulation) then down-regulation. To prevent the stimulation phase, the megestrol acetate protocol described above is recommended.	In a group of 57 mares, 50% were anoestrus after the primary vaccination and 100% after the booster vaccination, the interval from treatment to anoestrus was 2-3 weeks.		Oestrus behaviour may be observed. Cycling and even ovulation can occur in adequately contracepted individuals (but is unlikely and the degree of suppression is dose dependent).	Oestrus inhibited	P2P should not suppress oestrous cycles and may extend the breeding season beyond what is considered typical, resulting in additional oestrous cycles.	N/A
Use during pregnancy:	Not recommended as may cause abortion	Not recommended as may cause abortion	Unknown	Progestagens are not recommended in pregnant animals because of the possibility of prolonged gestation leading to dystocia, stillbirth and abortion in some species, although the effect may depend on dose.	Not recommended for use in pregnant animals because of the risk of prolonged gestation, stillbirth or abortion, etc. in some species, although the effect may depend on dose.	Not recommended for use in pregnant animals because of the risk of prolonged gestation, stillbirth or abortion.	Does not interrupt pregnancy or affect foetus	N/A
Use during lactation:	No contraindications once lactation established; however, treatment during pregnancy may impede proper mammary development.	No contraindications once lactation established; however, treatment during pregnancy may impede proper mammary development.	Unknown	Considered safe for nursing. Does not affect lactation, but etonogestrel is excreted in milk.	Considered safe for nursing infant.	Considered safe for nursing infant.	No known contraindications	N/A
Use in prepubertals or juveniles:	<b>Data deficient</b> in this group, see product information sheet. Deslorelin may prevent epiphyseal closure of the long bones, resulting in taller individuals.	Lupron® may prevent epiphyseal closure of the long bones, resulting in taller individuals.	Unknown	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	P2P-treated prepubertal white-tailed deer and feral horses were fertile as adults. Not associated with side effects in elephants. But there are no data for other species	N/A
Use in seasonal breeders:	<b>Data deficient.</b> Should start at least 2 months before start of breeding season.	<b>Data deficient.</b> Should start at least 2 months before start of breeding season.	Unknown but if used should be done at least 6 weeks prior to the breeding season. Effective in the horse. Use before cycling starts at the onset of the breeding season.	<b>Data deficient.</b>	Should be injected at least 1 week before the breeding season starts.	Treatment should begin at least one month before the anticipated onset of the breeding season.	Can be used in seasonal breeders but initial treatment and annual boosters should be carried out 2 and 1 months before the start of the breeding season respectively.	N/A
Duration	Duration of efficacy has not been well established. As a guide: 4.7mg implants will suppress for a <b>minimum</b> of 6 months; 9.4mg will be effective for a <b>minimum</b> of 12months	Lupron® is available in various formulations lasting from 1 to 6 months, but because the release of hormone from the depot formulation varies by individual, actual duration of efficacy can vary considerably.	Unknown for most of species. Improvac® induces an immune response that generates short-lived antibodies in the domestic pig (antibody production starts to decline ~7-8 weeks following second injection). Suppresses oestrus for a full season in mares after the first booster.	The duration of this product can last 2.5 to 3 years.	Dose dependant: 45-90 days in general. However, effects could last 1-2 years in some individuals.	No more than one dose each day. Regu-mate® must be given daily to maintain suppression of oestrus.	Species-dependant: most species 1 year	Permanent
Reversibility	Deslorelin is designed to be fully reversible however, there are no current cases of reversal in this species. We do have 8 records of reversals in bovidae, who conceived between 6 months and 7 years following the estimated time of implant expiry. We would highly recommend that the implant is removed to facilitate reversals. With this in mind, the implant should be placed in a location with thinner skin to ease the locating and removal of the implant e.g. at the base of the ear, in the umbilical region, in the armpit or inner thigh.	Lupron® is designed to be fully reversible however there are no current cases of reversal in bovidae.	It must be taken in to consideration that younger individuals will take longer to reverse in comparison to older individuals. Reversibility has been demonstrated in some wild animal species including white-tailed deer. We do not have any records of reversal in this species, but do have two records of reversal in other bovids. Females conceived approximately 1.5 years after the estimated expiry of the vaccination.	Implanon is designed to be fully reversible however we do not have any records of reversal in this species or in other bovidae. We would highly recommend that the implant is removed to facilitate reversals. With this in mind, the implant should be placed in a location with thinner skin to ease the locating and removal of the implant e.g. at the base of the ear, in the umbilical region, in the armpit or inner thigh.	Designed to be fully reversible but individual variations can occur. We have several records of reversal in bovids with time between the first injection and offspring birth ranging between 9 months - 14 years.	It should be reversible after cessation of treatment. Signs of oestrus in equids have been observed 5 days after the end of treatment but will vary depending on the individual. However there are no cases of reversal in bovids.	Reversibility differs between species; however the longer P2P is given the longer it takes for a female to become fertile again. Treatment for over 5 years has been associated with ovarian failure in some cases. The possibility of ovarian damage makes this method unsuitable for animals highly valuable to captive breeding programmes or where reversibility is important. It is therefore suggested that an individual is on P2P for no longer than 3 years if you want the female to breed. We have one record of an Eastern bongo giving birth to live young 5 years after she began treatment.	N/A
Effects on Behaviour	Data deficient	Data deficient	Similar to surgical castration but short-acting (duration of antibody effect). No oestrus behaviour in mares.	Data deficient	Effects on behaviour have not been studied; there may be individual variation in response. Medroxyprogesterone acetate (not all progestins are androgenic) binds readily to androgen receptors and are antiestrogenic; females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.) Further research in the subject is necessary.	Regu-mate® can be used to alleviate temperament changes and aggression. Synthetic progestins may not suppress follicle growth and some signs of oestrus behaviour may be present.	Since the vaccine usually doesn't suppress oestrus cycles it has almost no effects on social behaviour, and no undesirable behavioural effects have been registered in free-ranging elephants treated for up to 9 years. In some species the failure to conceive can result in longer than usual breeding season and in some cases this can result in aggression and social disruption.	N/A
Effects on sexual physical characteristics	Similar to gonadectomy. GnRH agonists may cause the suppression of physical secondary sexual characteristics.	GnRH agonists may cause the suppression of physical secondary sexual characteristics.	Similar to surgical castration but short-acting (duration of antibody effect).	Data deficient	Because Medroxyprogesterone acetate binds readily to androgen receptors and is antiestrogenic, females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.)	Data deficient	Data deficient	N/A
Males	Not Recommended as GnRH agonists are seemingly not effective in male ungulates	Not Recommended as GnRH agonists are seemingly not effective in male ungulates		Not recommended	Not recommended	Not recommended	Not recommended	

**Reporting Requirements:** In order to increase our knowledge of the efficacy of contraception methods in bovidae it is recommended that all individuals on contraception be reported to EGZAC

## References

1) Patton, ML, Jöchle, W, Penfold, LM. (2005) Contraception in Ungulates. In *Wildlife Contraception: Issues, Method, and Applications*. Ed. Asa, CS & Porton, JJ. Baltimore: Johns Hopkins University Press. 149-167.

Disclaimer: EGZAC endeavours to provide correct and current information on contraception from various sources. As these are prescription only medicines it is the responsibility of the veterinarian to determine the dosage and best treatment for an individual